GIC RETIREE/SURVIVOR ENROLLMENT/CHANGE FORM (FORM-RS)



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	Claim Insured's Medicare Claim # Number				Spouse's Medicale Claim #								
Retirement Information Name of State Agency or Municipality retired from a public retirement system? ☐ Yes ☐ N									Date of Retirement				
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□ Address Change during Annual Enrollment or □ Change in Dependent □ Sp							Spouse's Annual Enrollment						
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	MEDICARI	PLAN – Se	lect one if you ar	nd/or your spouse/o	overed deper	ndents	are enrolled in Medi			Effective	,		
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	NON-MEDICARE PLAN - Select one if you and/or your spouse/covered dependents are not enrolled in Medicare. □ Fallon Direct (HM0) □ Health New England (HM0) □ UniCare State Indemnity/Basic Non												
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GIC RETIREE/SURVIVOR ENROLLMENT AND CHANGE FORM (FORM-RS) INSTRUCTIONS

Use this Form-RS to make GIC health plan changes for a qualifying status change, at Annual Enrollment, and for enrolling in GIC health insurance for the first time at retirement.

For an overview of your GIC health insurance benefit options, see the GIC Benefit Decision Guide mass.gov/service-details/benefit-decision-guides.

Deadlines and Required Documentation

- Required documentation: To add a spouse or dependent to coverage, documentation is required. Visit our website for the Required Documentation list: mass.gov/guides/gic-forms.
- If you and/or your spouse is **Medicare eligible** and **not already enrolled in GIC Medicare** coverage, the following documentation must accompany this form:
 - Photocopy of your Medicare Card (include a copy of spouse's card if applicable).
 - Photocopy of your latest 1099 or the Benefit Verification letter printed from Social Security's website stating how your monthly Part B premium is paid (e.g., you are being directly billed by Social Security or it is being deducted from your Social Security check). Include this same documentation for your spouse, if applicable.
- If you and/or your spouse are over age 65 and **not eligible for Medicare** and have not already provided the following documentation to the GIC, it must accompany this form:
 - · Social Security Denial letter stating that you and/or your spouse are not eligible for Medicare Part A for free.
- Annual Enrollment: Completed paperwork and required documentation must be received by the GIC (retirees and survivors) by the end of the Annual Enrollment period.
- Qualifying Status Change: Retirees and survivors with a qualifying status change must submit completed forms with proof of the qualifying status change (e.g., marriage or divorce) to the GIC within 60 days of the qualifying event.

Enrolling in health insurance for the first time: Use this form in addition to Form-1A to enroll at retirement in GIC health insurance for the first time. You must send with this form a copy of the letter from your retirement board approving your retirement. State retirees only be aware that your health insurance election includes basic life insurance.

Retiree and Spouse Coverage if Under and Over Age 65

If you (the retiree), your spouse or other covered dependent is younger than age 65, the person or people under age 65 will continue to be covered under a Non-Medicare plan until you and/or he/she becomes eligible for Medicare. Be sure to choose "individual" Non-Medicare coverage if only covering one Non-Medicare family member; select "family" Non-Medicare coverage if covering two or more Non-Medicare family members.

The following plans are available:

Non-Medicare Plan
Fallon Health Direct Care
Fallon Health Select Care
Harvard Pilgrim Independence Plan
Harvard Pilgrim Primary Choice Plan
Health New England
Neighborhood Health Plan
Tufts Health Plan Navigator
Tufts Health Plan Spirit
UniCare State Indemnity Plan/Basic
UniCare State Indemnity Plan/Community Choice
UniCare State Indemnity Plan/PLUS

Medicare Plan
Harvard Pilgrim Medicare Enhance
Health New England Medicare Supplement Plus
Tufts Health Plan Medicare Complement
Tufts Health Plan Medicare Preferred
UniCare State Indemnity Plan/Medicare Extension (OME)

If enrolling in one of GIC's Medicare Plans, you will be automatically enrolled in the GIC's SilverScript Medicare Part D prescription drug plan. After your enrollment is processed by the GIC, you will receive a mailing from SilverScript with information about the plan and advising you that you have the choice to opt out of the prescription drug plan. The opt-out letter is required by Medicare, but we do not recommend that you do so because **if you opt out of SilverScript, you will lose your GIC medical, prescription drug and behavioral health coverage**.

Tufts Medicare Preferred: Only if changing from this plan to another GIC Medicare option, you must also complete and send to the GIC a Medicare Advantage Plan/Disenrollment form.

Form and Documentation Submission: Return completed form and documentation to the GIC, P.O. Box 8747, Boston, MA 02114